

**Sponsored by...IFR Furniture,
Mellon Certified Restoration, Acadia
Windows and Doors.**

**Proudly hosted by the
Apartment Association
of Central PA**



Terri Norvell...national speaker, trainer, consultant and coach has a multitude of successes with small and large businesses, organizations, associations, and corporations, throughout the United States over the past 20 years in both up-and-down market cycles.

Terri helps property management companies and supplier organizations grow their people and profits. She's brilliant at getting people out of their own way so that they can achieve their desired results.

Testimonials...

"This is the type of day we live for in property management. Your leadership accountability session was a 12 on a scale of 1-10!" J. Scott Morrison, VP, Legacy Partners Residential

"Your session impact is really commendable. My whole team felt inspired before, during and after!" Jennifer Parratt, Regional Manager, For Rent Media

"People are still calling me 6 months later to tell the impact your session has had on their personal and professional lives." Angelica Stehling, Director of Education, Texas Apartment Association

When: April 12, from 9 AM to 4 PM (two sessions)

Session 1: 9 AM to Noon - **HIGH PERFORMANCE SELLING**

Session 2: 1 PM to 4 PM - **MOTIVATIONAL ACCOUNTABILITY**
(for Executives, Managers, and Supervisors)

Where: Best Western Premier Hotel and Conference Center, Harrisburg

Cost: Members: \$60 per session or \$80 for both sessions

Non-members: \$80 per session or \$100 for both sessions

**Just a Few of
Terri's Clients**

- Comcast
- Stanford University
- For Rent Magazine
- Hewlett Packard
- Coors Brewing Co
- New Frontier Bank
- RentNet
- Texas Apt Assoc
- United Dominion
- Avalon Bay
- Greystar RE Partners
- Lincoln Property Co
- Legacy Partners
- NAA
- IREM

**Member Rates
Extended to the
Following
Organizations**

- AAGP
- DAA
- MMHA
- HBA

Registration Form (please print)

RSVP By April 5, 2012 Fax to 717-930-0709 or email aacp1@verizon.net

Company Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email Address:** _____

Circle the organization your company is a member of : AACP AAGP DAA MMHA HBA

Attendee: _____ **Session 1** **Session 2** **Both Sessions**

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Payment Options: **Check** **Credit Card** **TOTAL AMOUNT DUE \$** _____

(Payment in full is due prior to the program)

Credit Card Info: Card Type: _____ Card #: _____

Name as it appears on card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Signature of card holder: _____